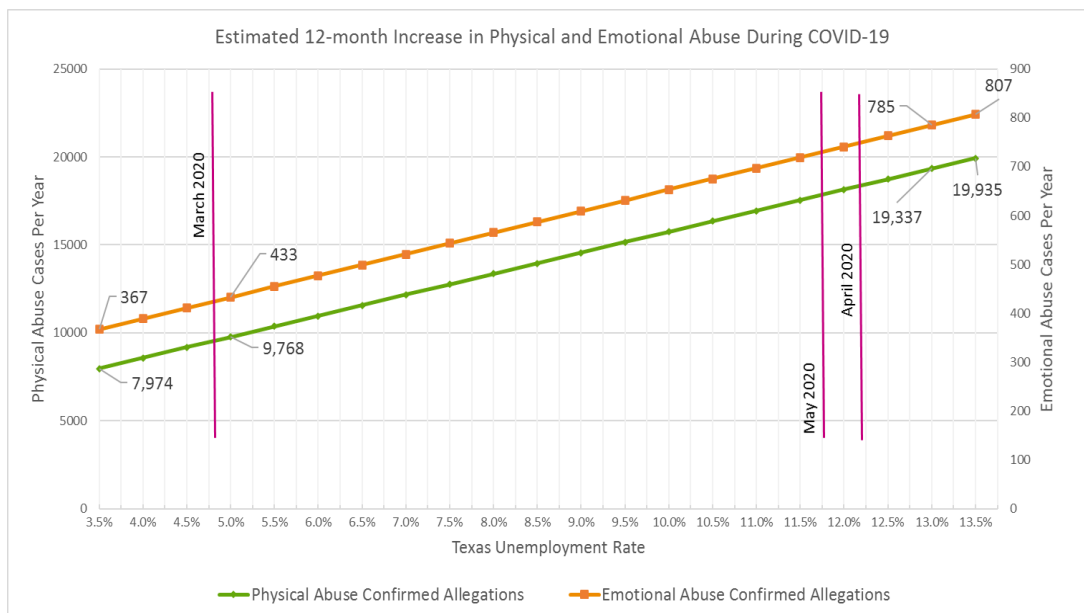


Interim Charge 2: Review how Texas is preparing for state and federal budgetary changes that impact the state's health programs, including: the Family First Prevention Services Act; the next phase of the 1115 Healthcare Transformation and Quality Improvement Program Waiver; Texas' Targeted Opioid Response Grant; the Centers for Medicare and Medicaid Services proposed Medicaid Fiscal Accountability Rule, and the Healthy Texas Women Section 1115 Demonstration Waiver.

Impact of the COVID-19 Pandemic on Child Abuse and Neglect

The COVID-19 pandemic has not only negatively impacted Texas' budget, it has caused families to face an unprecedented amount of stress, financial difficulties, and social isolation. Looking to the Great Recession for evidence on what we might expect from an increase of unemployment, there is concern about an increase in child maltreatment. Correlations between unemployment and child abuse project that Texas could see a 15% increase in physical abuse cases and 12% increase in emotional abuse cases for every one-point increase in the unemployment rate.



For many families experiencing unemployment, untreated substance use and mental health has produced other tragic results as well. According to the [Meadows Mental Health Policy Institute](#), a 5% increase in the unemployment rate could result in 300 additional lives lost to suicide, 425 additional lives lost to drug overdoses, and an additional 50,000 cases of Substance Use Disorder each year.

These numbers will continue to get worse if Texas does not do something. Approximately two-thirds of removals are already related to substance use, which are often accompanied by a mental health challenge. Ensuring these families are provided with evidence-based, trauma-informed prevention services focused on substance use, mental health, and parenting skills could provide Texas families with more support, promote family preservation when safe and appropriate, and prevent the trauma of removal.

Family First Prevention Services Act (FFPSA) Board of Directors

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FFPSA seeks to do the above by changing the way states can use Title IV-E dollars by providing a funding mechanism for prevention services. States can now be reimbursed at a rate of 50% for trauma-informed and evidence-based substance use, mental health, and in-home parenting services that have been approved by the Title IV-E Prevention Services Clearinghouse. Federal eligibility criteria broadly include children at imminent risk of entering foster care and their caregivers, as well as pregnant or parenting foster youth. The goal is to keep children out of the Child Protective Services (CPS) system by utilizing providers in the community who specialize in prevention.

The Texas Plan

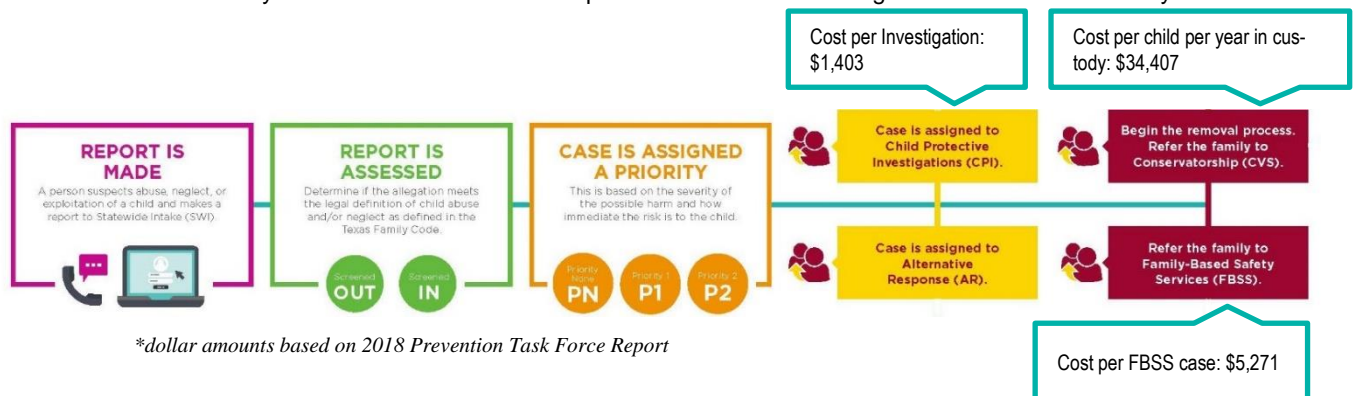
In the 86th Legislative Session, TexProtects championed Senate Bill 355 which required DFPS to develop a strategic plan to leverage the opportunities in FFPSA. DFPS released their plan on September 1, 2020. Included in the plan is an overview of existing prevention services and agency activities that align with FFPSA, as well as implementation considerations and options for the prevention services and congregate care components of the bill using federal dollars already in hand from the Family First Transition Act (FFTA).

The plan does not require additional appropriations from the 87th legislature and does not propose investment of any state dollars to receive the federal match that FFPSA affords. It does little to set up a framework for how to take advantage of this potentially transformational federal funding on an ongoing basis. To facilitate funding discussions, DFPS has included an Exceptional Item placeholder for FFPSA in its Legislative Appropriations Request (LAR) for this upcoming session, but there will still need to be planning in the 88th legislature if this is not properly addressed now. Much can be done now to ensure Texas leverages this federal legislation and funding opportunities.

Opportunities for Texas

1. Re-envision the current system by strengthening investments in prevention. Prior to FFPSA, states focused dollars on measures that are expensive and reactive rather than proactive, protective, and cost efficient. The further into the system a case flows, the more expensive it is. In 2019, there were 18,615 children who entered foster care. Preventing 3% of removals would save the state \$20 million. By investing earlier, Texas can prevent removals, save money, and keep children safe.

CPS is already a low removal state and has prioritized continued funding to its Prevention and Early



Intervention (PEI) division that offers services to families to prevent child abuse and neglect. DFPS requested an additional \$10 million on top of its base budget to continue investing in PEI services for the next biennium. FFPSA provides Texas with another opportunity to invest even more dollars into keeping children and families out of the CPS system altogether. The prevention provisions of FFPSA are ultimately optional, so it is promising that DFPS is intending to use \$33.9 of the \$50.3 million in FFTA funds on prevention efforts. DFPS laid out a wide range of options to advance their prevention efforts, but they eventually need to figure out which of these options works for Texas and bring it to scale for the entire state. To ensure the state can reach that goal and better serve children and families to prevent removals, the state should prioritize effectiveness and narrow down which options to pursue.

The most promising are the following three options, each of which involve DFPS' PEI division. These services are not staffed or carried out by employees of DFPS. Instead, PEI contracts with community providers who are highly-skilled in prevention work.

- Option 2D (A pilot for prevention services carried out by DFPS' PEI division): PEI offers services to families to prevent child abuse and neglect. Their efforts focus mainly on primary prevention, which aims to reach families before the first occurrence of child maltreatment. However, some of their programs also focus on secondary prevention, which targets families who are at high risk of child maltreatment, such as Family-Based Safety Services (FBSS) families. Grants would be awarded to up to six regions. One agency would receive the grant in each region and then decide what programs to carry out in each area. This is similar to Project HOPES (Healthy Outcomes through Prevention and Early Support) and the expansion could serve an estimated 2,425 clients per biennium.
- Option 2E (Expand HIP [Helping through Intervention and Prevention] for all pregnant and parenting youth): HIP is an effective program through PEI that serves current and former foster youth who are pregnant or parenting a child under the age of 3 by providing in-home parent education services.
- Option 2F (Expand in-home parenting prevention programs through PEI): PEI could expand prevention services to families with children ages prenatal to 6. This would enable an additional 620 families to be served.

PEI's programs are evidence-based and several—especially in-home parenting programs—have shown that they can keep children safe and reduce child maltreatment. They also already have an established and successful infrastructure. Some of the programs also have experience serving FBSS families, who fit the eligibility definition. Additionally, several of the programs already implemented by PEI have been approved by the Clearinghouse, including Healthy Families America, Nurse-Family Partnership, and Parents as Teachers.

The other options presented by DFPS would require a great length of time before they could be implemented (i.e. carrying out prevention services through Community-Based Care) or would be relying on FBSS caseworkers to deliver programming that is outside their area of expertise and/or credentialing requirements. Both would require significant deviation for systems and staff and potential conflicts of interest or complexities that do not make it feasible.

2. DFPS would benefit if they can better align across systems to increase access to substance use and behavioral health programs. These programs are critical for many high-risk families; however, there are significant gaps in access around the state that could be mitigated with increased FFPSA-available funding.

Texas by the Numbers

68% of children in CPS custody were removed due to a caregiver abusing illegal substances or alcohol
48% of the child maltreatment fatalities in 2019 involved substance use
32% of child maltreatment fatalities in 2019 involved a caregiver with an active mental health challenge

Texas should ensure that the budget of each state agency who provides these services to families has been considered to see if there are any missed opportunities to draw down federal funds. Cross agency work should be mandated to ensure that future funds can be invested in ways that capitalize on the federal match.

3. Ensure the eligibility definition will be most effective at preventing entries into foster care. States can claim federal reimbursement for prevention services serving families who meet the eligibility criteria with the goal of keeping them out of the CPS system. States have flexibility to submit their own definition of which children and families are considered to be at imminent risk of entering foster care. While broadening the definition to capture those most at risk of entering foster care would require more state investment up front, the return on investment is worthwhile. For every \$1 invested in prevention programs that support community and family

efforts to create a safe and nurturing environment, Texas can save \$1.26-\$8.08 and funnel families away from the CPS system.

In DFPS' strategic plan, their proposed eligibility definition includes:

- Families with an open FBSS case,
- Children who have already been in care but are now at risk of placement disruption or re-entry, and
- Pregnant and parenting youth in CPS custody.

DFPS defined the circumstances that would indicate risk of entering foster care:

- Child maltreatment,
- Positive toxicology screens for mothers or newborns,
- Substance use,
- Lack of protective capacity, and
- A child who has serious needs that either are not being met or are in need of more support.

By including more than just families currently served by FBSS, Texas has aligned their proposed eligibility definition with the goals of FFPSA. However, there are many families at high risk for removal who are not captured in this definition. While the families served by FBSS are extremely vulnerable, most removals and foster care placements do not occur from the FBSS stage of service. Families are three times more likely to have a child removed and placed in foster care directly from an investigation (78.5%) as opposed to FBSS (21.5%). Given that the recurrence rate for families who participate in FBSS is 19% within one year of completing services and 42% within five years, many families that work FBSS services have a subsequent investigation that can then lead to a removal and entry into foster care.

Texas, which currently does not have an approved plan, could include families that have received FBSS services in the recent past (e.g. within 2 years) in their definition of eligible participants in addition to those currently working services. PEI currently spends limited prevention dollars on families who had a prior CPS history or may be working services in addition to their core focus serving families with primary prevention strategies prior to any CPS involvement. Such a definition would allow PEI to use FFPSA funds to serve that population, free up other dollars for primary prevention, and provide the CPS system an alternative referral strategy for families who are reported for subsequent abuse that may not warrant a formal investigation or removal at that time.

Other populations to consider who may be at high risk and are not covered by the proposed definition are pregnant women with Substance Use Disorders and new parents facing mental health challenges. Texas can also look to the other states with approved plans for populations to consider and would benefit from looking more upstream to some of the higher-risk families being served by PEI.

4. Prioritize and enhance family preservation services. While the Department has logically and rightfully included families participating in FBSS in their eligibility definition, it benefits families to ensure the services the agency provides in this stage of service are effective. The recurrence data for families participating in FBSS reveals that something is not working. DFPS does not report on the services these families receive, but according to DFPS, many of the services provided to parents with an open FBSS case are not evidence-based and do not meet FFPSA standards. DFPS needs to collect and report information about the services families are receiving and ensure the services are evidence-based and trauma-informed. This could certainly reduce the recurrence and removal rate in the population of families served by FBSS, and additionally save the state money.
5. Equip a trauma-informed, prevention-focused workforce. Texas has the chance to capitalize on this new funding to deliver high-quality, trauma-informed care training for workers, yet it was not in their plan. DFPS has been in collaboration with the Statewide Collaborative on Trauma-Informed Care through the Children's Commission. They should continue towards the vision of this workgroup to ensure they become a trauma-informed system. Based on the proposed definition of families eligible for prevention services, Texas can utilize FFPSA dollars to invest in and provide trauma-informed care training for Investigations, Alternative Response, and FBSS workers since they are the staff under DFPS' purview who will be assessing eligibility criteria, developing/reviewing prevention plans, and evaluating progress. Being trauma-informed will help staff to assess needs and make appropriate referrals and recommendations.

6. Support kinship caregivers by connecting them to services through a kinship navigator program. Texas is working towards developing and submitting an approved kinship navigator program suited to meet the needs of kinship caregivers across the state. They have distributed federal grants to four grantees; received funding to conduct a [kinship navigator study](#); and have reportedly made enhancements to 2-1-1 and are working with the Health and Human Services Commission (HHSC) to implement next steps. If Texas is looking for other options to support kinship caregivers, it could look to the other recommendations in the kinship navigator study.

Carrying out the opportunities provided by FFPSA requires a drastic perspective shift. The intent of FFPSA is to transform the current system, not keep it the same. FFPSA aims to invest early in effective measures that will keep families together and out of the CPS system. Every dollar Texas invests should be spent with this in mind. With their current plan, DFPS has taken strides in the right direction for the children and families of Texas. However, it is essential the Texas Legislature supports these efforts, makes a plan beyond this legislative session, and ensures the focus remains on child abuse and neglect prevention and family preservation.

For more information on FFPSA, please check out our brief [here](#). TexProtects looks forward to serving as a resource and partner as you continue your work. Thank you for your commitment to these issues and to the families and children of Texas.

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About TexProtects

TexProtects' mission is to protect Texas children from the trauma of abuse and neglect and empowers families to thrive through education, research, and advocacy. Our vision is that all children are safe, nurtured, and resilient. To achieve our mission, TexProtects engages in research, advocacy and education. We advocate for better policies, reforms and appropriate increases in federal, state and local funding for three priority areas: 1) Prevention: Increasing investment in proven child abuse prevention programs, 2) Protection: Strengthening and reforming the CPS system, and 3) Healing: Ensuring victims receive adequate and accessible treatment.